



## The Council for Amusement and Recreational Equipment Safety

An organization of government officials responsible for enforcement of amusement ride and recreational equipment regulations

OKLAHOMA  
President  
Don Hankins

NORTH CAROLINA  
1st Vice President  
Jonathan Brooks  
GEORGIA  
2nd Vice President  
Sidney Montgomery  
NEW JERSEY  
Secretary/Treasurer  
Mike Triplett

BRITISH COLUMBIA  
William Burr  
CALIFORNIA  
James L. Meyer  
CONNECTICUT  
Patrick Murphy  
FLORIDA  
Michael W. Rinehart  
ILLINOIS  
Marcia Joiner  
IOWA  
Dennis J. Wilson

KENTUCKY  
Pam Gowers  
LOUISIANA  
R.R. "Bob" Cate  
MAINE  
Joseph Levasseur  
MARYLAND  
Bob McGee  
MASSACHUSETTS  
Mark F. Mooney  
NEBRASKA  
Paul Palmer  
NEW HAMPSHIRE  
Bruce Burroughs  
NEW YORK  
David Bayer

OKLAHOMA  
Marion Halloway  
ONTARIO  
Gord Kanani  
PENNSYLVANIA  
Charles M. Bruckner  
RHODE ISLAND  
Magdy Guirguis  
SOUTH CAROLINA  
Jerry H. Butler  
WASHINGTON  
Gary Gooler  
US CPSC  
James DeMarco

### CARES AMUSEMENT RIDE PERMIT APPLICATION

DATE \_\_\_\_\_

Legal Name of Company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Owner of Company \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Alternate name(s) Used by Company \_\_\_\_\_

\*\*Emergency Contact \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Fax Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

The company makes application for a permit to operate the amusement ride(s) identified on the attached amusement ride list in the state(s) of "CARES" members.

The company encloses the following documents for all amusement rides identified on the ride list attached to and incorporated into this permit application as applicable.

1. Ride list (with SERIAL # / ID / USAID #):
2. Itinerary / route sheet / request for inspection
3. Annual inspections information
4. Nondestructive Testing Information: (When required)
5. Proof of insurance of Bond in the requisite amount covering each ride listed ride
6. Fees (If collected in advance)
7. Copy of operating instructions of Mfg manual (when required)
8. Operating Training Certificate (if required)

\*\* This emergency contact (name and phone number) must be able to be reached at anytime. \*\*

\*For operation in the State of Louisiana, the only requirements for the above listed are 1, 2, 4, & 5.

